



Please give us 24 hour notice.

Text: 843.580.6427

Call: 843.548.8474

## Ascent Christian Academy Preschool Drop In Child Care Registration Form

### Child Information – Fill out one form for each child

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's gender: \_\_\_\_ Girl \_\_\_\_ Boy

Address: \_\_\_\_\_

Number and street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

I'm registering my child for 9 AM -1 PM Drop In childcare. Mark the day and date. No discount given for less than the full 4 hours. Drop in childcare is \$25 per day. 10% discount for additional siblings. Payment (cash or check) is required at the time of drop off.

\_\_\_\_ Tuesday \_\_\_\_\_ Date needed

\_\_\_\_ Wednesday \_\_\_\_\_ Date needed

\_\_\_\_ Thursday \_\_\_\_\_ Date needed

### Parent Information

Home phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mom's name: \_\_\_\_\_

Mom's cell: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mom's work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mom's driver's license number: \_\_\_\_\_

Dad's name: \_\_\_\_\_

Dad's cell: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dad's work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dad's driver's license number: \_\_\_\_\_

Email address we may use to contact you: \_\_\_\_\_

\_\_\_\_\_

The following people are allowed to pick up my child at any time:

Name: \_\_\_\_\_ Cell: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Cell: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to child: \_\_\_\_\_

**Emergency Medical Care Information**

List all drug allergies child may have: \_\_\_\_\_  
\_\_\_\_\_

List all medications child may be taking: \_\_\_\_\_  
\_\_\_\_\_

List all environmental allergies (bug bites, pollen, etc.) \_\_\_\_\_  
\_\_\_\_\_

List all food allergies child may have: \_\_\_\_\_  
\_\_\_\_\_

Is there anything else about your child we need to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Name of insured: \_\_\_\_\_

**Photo / Video Use**

Ascent Christian Academy preschool, Ascent Christian Academy, Barefoot Church and its staff, has my permission to use my child's picture and/or video in its promotion on its website and/or for advertising purposes.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Print Parent Name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_